PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | | | | | |
|---|--|---|--|-------------------------------|----------------------------|----------------------------------|------------|------------------------|----|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARG | E ENT. = \$ 300 | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50 / \$100 | | | ner situations = 100 / \$ 200 | EXAM. FEE | 100 | 1 | EXAM. FEE | |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | | her situations = 250 / \$ 500 | SEARCH FEE | ZW | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | X \$ 125 = | : | , | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20 = . | | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | 3 minus 3 = * | | | | X \$ 100 = | : | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | SENT | | | | + \$ 180 = | : | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | . ENTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | HIGHE NUMBI PREVIOL PAID F | | BER OUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | · | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | = | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| - | | TOTAL ADDI FEE | Т. | OR | TOTAL ADDIT. FEE | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| S | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADD | T | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |